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Model Problem of Participant Card Services System in the Service Office of the Agency of National Health Security Services Province Southeast Sulawesi Indonesia

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Abstract

One of the problems of health services in Indonesia is the issue of availability of health budget. The condition that needs and demand for health services continue to increase from year to year, while the ability of health care providers are easy and cheap is very limited both provided by the government and private parties. This condition forces health services to continue to compete well, while communities have limited ability to obtain affordable health services. As a result the poor and incapable continue to experience health problems because they do not have the cost to purchase health services. Facing these problems, then since January 2014 the government implements the National Health Insurance (NHI) that applies to all the people of Indonesia. With the NHI program, it is expected that there will be no more poor, who do not seek medical treatment because they have no cost. The purpose of the study is to analyze the effectiveness of the Member Card Service System at the Service Office of the National Health Insurance Implementing Agency of the Southeast Sulawesi Province, to model the problems and solutions for the effectiveness of health care services of the National Health Insurance. Type of Survey Research, using Mix Qualitative quantitative method. Sample of outpatients as much 170. Informan patient and SSA officer. Data collection using questionnaires, in-depth interviews and document review. The results of the study show that the general implementation of National Health Insurance in Social Security Agency (SSA) Office has been adequate and effective. But in its implementation still experienced problems both from service mechanism, external environment aspect, organizational behavior / officer and service resources. Conclusion; the implementation of the National Health Insurance in the SSA office has been done effectively but in its implementation still encountered problems such as policy aspects, service management, officer behavior and resource readiness. Recommendation; the need for SSA Parties to improve policies, improve service management, education and training for officers, and the fulfillment of service resources needs.

Keywords: National Health Insurance; Membership Service; Effectiveness.

1. Introduction

"Health is a Fundamental Human Right" is the concept of the World Health Organization (WHO) to ensure that everyone can live healthy to produce. The ownership of such rights by a person expressly reflects two absolute obligations for every person or institution that strives for and provides health services that is to nourish the sick and maintain a healthy one. Thus it is in itself an obligation of every country in the world to ensure that such rights can be fulfilled and accepted by the whole population, The Government of Indonesia since January 1, 2014 has implemented the National Health Insurance for all its people gradually until January 1, 2019 [1]. Through the implementation of the National Health Insurance, no longer expected the people of Indonesia, especially the poor who do not seek treatment at health facilities in kala sick of having no cost. This guarantee is called the National Health Insurance because all Indonesians are required to become health insurance participants managed by the SSA including foreigners who have worked for a minimum of six months in Indonesia and have paid the dues, The follow-up to the mandate of the Constitution mandates the transformation of the organizing body of the existing organizational body to become SSA Health and SSA Employment [3,2]. The need for commitment and sincerity of the Government in organizing Social Security for all the people and at the same time establishing the Laws and Regulations of the policy as legal umbrella and legal basis to

implement it [4].

Membership service system is an effort of public health insurance membership services organized by SSA health office to perform data collection and registration to the community of potential participants of NHI. NHI service is done to all Indonesian people are gradually expected to enter and join this NHI program.

The greater the number of participants who participate in an insurance hence the predicted risk of ill will be more stable, [5]. In relation with the service activity of membership in SSA Kendari Office, the initial interview result obtained the existence of service complaints such as the difficulty of file order, the long and complicated service mechanism, the waiting time for the finalization of the old card, limited facilities, the number of inadequate officers both the quantity and quality, understanding of officer about service of membership.

Research Objectives To Analyze Effectiveness And Prepare Model Problems Implementation of National Health Insurance Viewed From Aspects of Service Card Membership System On Service Office Implementing Agency National Health Insurance Province Southeast Sulawesi

2. Materials and Methods

Type of survey research, using qualitative and quantitative methods with cross-sectional design study. The sample of NHI participants was 170 people. The selection of informants was done by using Purposive Sampling technique. Patient informants and SSA Office Officers. Data collection using questionnaires, observation, in-depth interviews and document review.

Quantitative data analysis was performed using the SPSS program [6]. The analysis of qualitative data by analyzing the problem is done descriptively, which emphasizes its analysis on the process of inference to the dynamics between observed phenomena, by using logic and the ways of formal and argumentative thinking [7]. The research was conducted in 2016, at the Office of SSA of Southeast Sulawesi Province.

3. Results

The non-beneficiary participants of the health insurance contributions as mentioned above are non-poor and disadvantaged participants referred to in this study are non-wage workers and members of their families (as per Presidential Regulation No. 12 of 2013 on health insurance), SSA membership services can be categorized effective if the public get the ease of service with a short procedure, fast, precise and satisfactory [8].

The success of improving the effectiveness of public services is determined by many factors, both internal and external. From the result of the research shows that most of respondents say the effectiveness of SSA service has been adequate as many as 114 respondents (67, 1%), and a small part said not enough that is 56 respondents (32, 9%) In the case of the problem model of the effectiveness of the service of membership at the service of SSA office of South East Sulawesi, as found from the respondent's complaint is clearly shown in Figure 1:

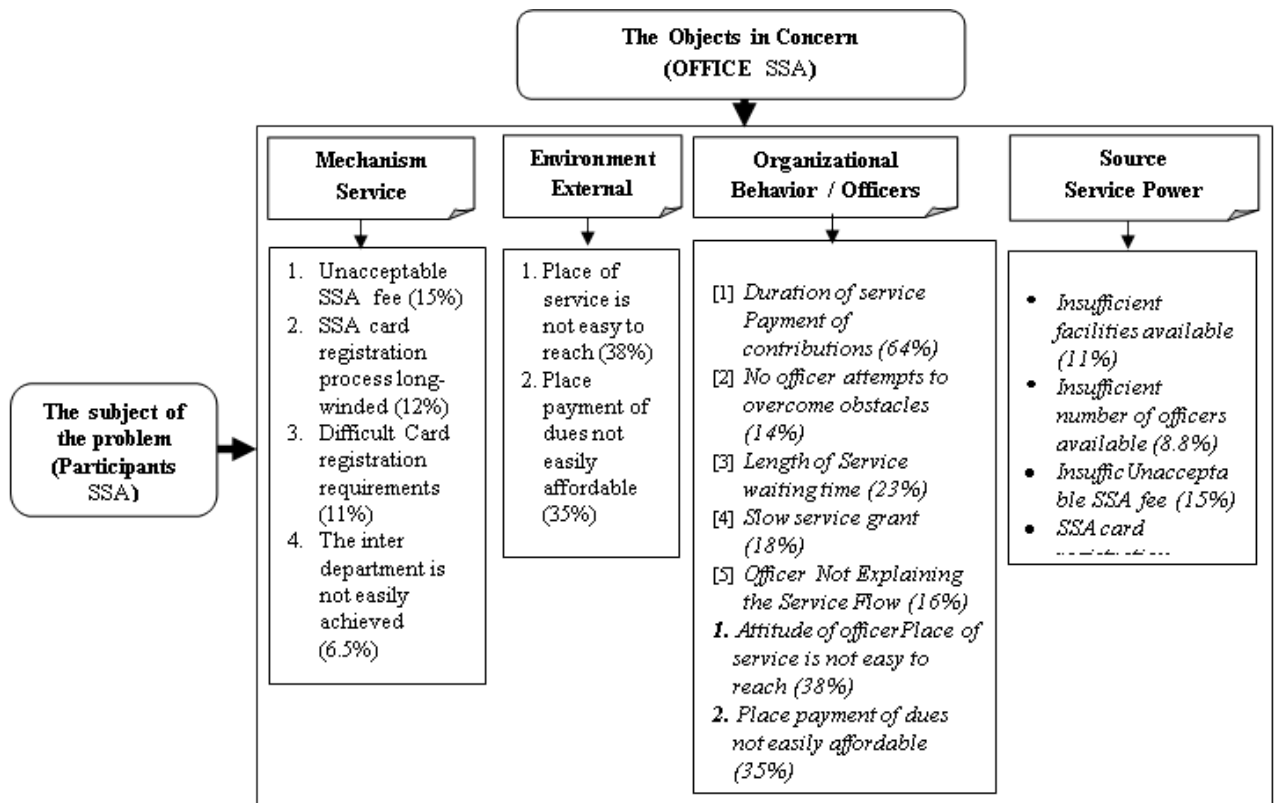


Figure 1: Model Problems Service System Participation in the Office of SSA Southeast Sulawesi Province

4. Discussion

Self-help card service is provided to the well-off people who have categories of non-wage Workers and their family members namely a. Workers other than working relationship or Self Employed, b. Workers who do not include letter a) who are not Beneficiaries of Wages, c. Workers as referred to in a) and b) including foreign nationals working in Indonesia for a minimum period of 6 months [2]. According to Presidential Regulation No. 19 of 2016 on the Second Amendment to Presidential Regulation No. 12 of 2013 on Health Insurance. In the regulation, there is a change of contribution for non-payers participants with details: Class 1 fee of Rp 59,500 increased to Rp 80,000, class 2 amount of contribution from Rp 42,500 to Rp 51,000 and class 3 of fee rate did not increase [9].

Factors Causing Service Effectiveness in SSA Office

From the results of in-depth interviews to some respondents found that the ineffectiveness of SSA membership services because some of the participant's needs in the service of membership cannot be met well by the SSA officers, the officers are not always there any time service, the services provided are not efficient in terms of time / energy / cost , the services provided are not responsive to the needs and requests of the participants, the services provided cannot prevent accidents and other adverse effects, low staff motivation, the services provided do not have coherence in terms of cooperation between fellow officers, lack of speed of service, services, officers are not always on time in service, officers are not able to give a good explanation of services in the service, unidentified officers, less listeners complaints and patient advice, services provided do not have the

certainty of service, given the convoluted, the services provided do not have the information disclosure. This is in line with the study [10] that the administration of free health care program participation in Wajo Regency has not been well implemented. Reference [11] stated that the effectiveness of public services has not been effective, there are still many public who lack the understanding of registration requirements, the services provided are not simple, clear and definite, less open, and inefficient. Reference [12] stated that administrative services are considered complicated, complicated, and lacking in information. Reference [13] that there are still administrative obstacles in the form of procedural administrative, technical constraints, human resource constraints, or socio-cultural societies. Reference [14] stated that public services are still constrained due to inadequate facilities, lack of human resources and employee discipline. Reference [15] stated that the speed of service of officers is still lacking. Reference [16] stated that in service Health insurance still needs human resources and the need of service infrastructure facilities. Reference [17] stated that the motivation of officers greatly affects the performance of insurance company officers.

Model Problem Effectiveness of SSA Office Services

Based on the presentation in Chart 1, the model of the issue of the effectiveness of the Membership Service at the SSA Office includes: a). Mechanism of service. The principle of the provision of good public services is the ease and simplicity of the service mechanism, since the commencement of service until the end of service, participants feel no difficulty and any obstacles. The difficulty of the participants will be unreachable SSA fee payment (15%), SSA card console process is complicated (12%), difficulty Card registration requirements (11%), and distance between service sections is not easily achieved (6.5%), this indicates that in the case of service mechanisms are still found the problem of service mechanisms that can complicate the service of membership. Therefore the need for the SSA to improve service management by preparing the simplicity and ease of service mechanism so that participants can complete the entire service of membership quickly without any obstacles. b). External environment. The external environment in this case the location of SSA service is seen from the distance where the community lives. The closer the location of the residence will affect the desire of the community to come to the place of service SSA. Conditions where SSA services are not easily accessible (38%), and where payment of dues is not easy to reach (35%) so that it becomes a consideration of the community to come to the service SSA. Reference [18] stated that distance is an important factor affecting the utilization of health services. Therefore, the need for a service approach to the community with the method of mobile service SSA, so as not to complicate the public in obtaining services. c). Organizational Behavior / Officers. Organizational behavior or officer behavior is an action or habit of an officer or group of SSA officers who have become a work culture and always practiced in SSA membership service job activities. The loyalty of the participants to the behavior of the officers is not in accordance with the principle of public service excellence, in the form of length of service Payment of dues (64%), No effort officers overcome obstacles (14%), duration Service waiting time (23%), (18%), Officer Not Explaining the service flow (16%), Attitude Do not match Expectations (11%), Information service Not easy to obtain (10%), Service Dismissal (7, 6%), (4.1%), it indicates that there are still problems of behavior of officers in the service, therefore it is necessary for the management of SSA to improve the behavior of officers through training and supervision so that the services provided can be well received by the community. d). Service resources. Service resources are everything that is needed by the office of SSA in supporting the creation of excellent service of membership. Service resources

include labor, financing, infrastructure, facilities, and institutional arrangements. The adequacy of service resources then the service run smoothly and without any obstacles, but otherwise if the service facilities are not adequate then it is very difficult to provide quality services in accordance with the purpose of the real service. Insufficient condition of facilities available (11%), Number of insufficient officers available (8.8%), and insufficient facilities available (8.2%), this indicates that SSA office service capacity is limited so that it can be impacted the inhibition of membership services, Reference [19] stated that most resources and services are not provided by the medical library. By its management SSA need to make addition and improvement of service resources in accordance with existing needs. The need for training to the officers about the importance of the implementation of excellent service.

Limitations of this study are some of the respondents and informants have a limited time to provide detailed information at the time of the interview.

5. Conclusions and Recommendation

Conclusion; the implementation of the National Health Insurance in the SSA office has been done effectively but in its implementation still encountered problems such as policy aspects, service management, officer behavior and resource readiness. Recommendation; the need for SSA Parties to improve policy, improve service management, education and training for officers, and fulfillment of service resource needs.

Conflict of Interest

Authors declare no conflict interest.

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